

INSTRUCTIONS HOSPITAL DATA CFS-457

PURPOSE

This form is a document that consolidates information about the birth of a baby born to a child in DHS custody or to a mother whose baby will be involved in foster care or adoption. The information includes, but is not limited to where the child was born, the type of delivery method used, the progression of the labor and whether the baby shows any abnormalities.

COMPLETION

NOTE: The Adoption Specialist/Family Service Worker will give the form to the hospital's staff for completion.

A. At the top of the form, provide the following information:

(1) Patient's (mother) complete name, (2) Patient's Race, (3) Delivery date and time, (4) Name of the hospital, (5) Date of discharge, (6) Number of weeks of gestation, (7) and whether there were any complications during the pregnancy.

B. In Section I, provide the following information:

(1) Check if forceps were used, (2) Check the degree of difficulty of the delivery, (3) Check the type of delivery it was.

C. In Section II, provide the following information:

(1) Check which type of labor occurred Precipitate or Prolonged, (2) check if intra-partum hemorrhage occurred, (3) Fill in duration of labor in hours and minutes, (4) Check if labor was spontaneous or induced – if induced fill in how, (5) Fill in the type and amount of analgesics used and the time when given, (6) Fill in the type and amount of anesthesia used and the time when given.

D. In Section III, provide the following information:

(1) Baby's sex, (2) Birth weight in pounds and ounces, (3) Length at birth in inches, (4) Baby's head and chest circumference in inches, (5) Baby's Apgar scores at 1 minute and 5 minutes, (6) Check any neurological signs that were present, (7) Check if any of the following were used – oxygen, intratracheal catheter, resuscitator and/or incubator, (8) Check if there were or were not cord abnormalities, (9) Check if there was or was not meconium in the amniotic fluid, (10) Fill in what delivery room medications were used, (11) Fill in any deviations from normal, (12) Check if the baby is fretful, listless, cyanotic and/or jaundiced, (13) Note any infection or fever, (14) Fill in the PKU test results, (15) Fill in any other pertinent information, (16) Fill in any recommendations at discharge, (17) Fill in the baby's weight at discharge, (18) Fill in the name of the attending physician and (19) Fill in the date the form was completed.

ROUTING

The hospital staff will return the original form completed to the DCFS staff member**. The Adoption Specialist will place the original in the child's record.

** The DCFS staff member will be responsible to give the hospital staff a self-addressed and stamped envelope in which the form can be returned to the Adoption Specialist.